JC20 Rec'd FET/PTO 29 SEP 2005

PTO/SB/08A (Modified)

				Complete if Known		
Substitute	for form 1449A/PTO			Application Number	0455146421-	
	ORMATION			Filing Date	September 29, 2005	
ST	ATEMENT B	SY A	APPLICANT	First Named Inventor	Karlsson	
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	(use as many she	eis as	s necessary)	Examiner Name	Unassigned	
Sheet	1	of	1	Attorney Docket Number	95726-P1790	

Examiner Initials*	Cite No. ¹	U.S. Patent Document		Name of Patentee of Applicant of Cited Document	Date of Publication of Cited Document	Pages, Columns, Lines, Where Relevant
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		Office ³	Number ⁴	Kind Code ⁵ (if known)	Applicant of Cited Document	WWW-DD-1777	Passages or Relevant Figures Appear	T ₆
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ı	Signature	Considered	

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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